

How to Change Your Patient 1st PERSONAL DOCTOR

Patient 1st
Health Care Close To Home

Remember: If you send this form in, you do not need to call Medicaid! Send your changes in right away. If you change doctors by the 15th day of the month, you can start going to that doctor on the first day of the next month.

What you need to do:

- 1) For future access, save this document to your computer using the File-Save command.
- 2) Use your computer to fill in all of the blanks on this form. Be sure to answer all the questions on this form. If we do not have all of the information, we cannot change your doctor.
- 3) After you have completed the form, print a copy to mail and a copy to keep for your records. Remember, once you close the document, the filled-in information will NOT be saved.
- 4) To mail this form, you must place it in a stamped envelope and mail it to
EDS, 301 Technacenter Drive, Montgomery, AL 36117.

Do not copy this form for mailing.

Dear Medicaid:

Today's date _____

I want to change personal doctors for (Name) _____

The Medicaid number of this person is _____

The birthday of this person is _____ (Month) _____ (Day) _____ (Year)

The doctor I want to change to is _____

Clinic Name/First Name

Last Name

The doctor's Medicaid Provider Number is _____

(to be filled in by medical office staff)

If that doctor does not have a space, my second choice would be _____

Clinic Name/First Name

Last Name

The doctor's Medicaid Provider Number is _____

(to be filled in by medical office staff)

(IMPORTANT: The doctor you pick MUST be on the Patient 1st doctor list and have an opening for you.)

I want to change doctors because:

- ☐ I am not happy about the doctor I was assigned to.
- ☐ I do not like the way my doctor treated me.
- ☐ It is too hard to get an appointment with my doctor.
- ☐ The doctor is not convenient to my home.
- ☐ I have always seen another doctor.
- ☐ I had trouble reaching my doctor afterhours/weekends.
- ☐ Other _____

(All information is kept private by Medicaid)

My name _____

Address _____

City _____ Zip _____ Phone Number _____

Area Code

If this is not for yourself, what is your relationship to the person changing doctors?

If you have questions or do not know what to do, call Medicaid toll-free at 1-800-362-1504.